SENATE MOTION

MADAM PRESIDENT:

I move that Engrossed House Bill 1452 be amended to read as follows:

1	Page 25, between lines 29 and 30, begin a new paragraph and insert:
2	"SECTION 16. IC 27-4-1-4, AS AMENDED BY P.L.1-2006,
3	SECTION 487, IS AMENDED TO READ AS FOLLOWS
4	[EFFECTIVE JULY 1, 2007]: Sec. 4. The following are hereby defined
5	as unfair methods of competition and unfair and deceptive acts and
6	practices in the business of insurance:
7	(1) Making, issuing, circulating, or causing to be made, issued, or
8	circulated, any estimate, illustration, circular, or statement:
9	(A) misrepresenting the terms of any policy issued or to be
10	issued or the benefits or advantages promised thereby or the
11	dividends or share of the surplus to be received thereon;
12	(B) making any false or misleading statement as to the
13	dividends or share of surplus previously paid on similar
14	policies;
15	(C) making any misleading representation or any
16	misrepresentation as to the financial condition of any insurer,
17	or as to the legal reserve system upon which any life insurer
18	operates;
19	(D) using any name or title of any policy or class of policies
20	misrepresenting the true nature thereof; or
21	(E) making any misrepresentation to any policyholder insured
22	in any company for the purpose of inducing or tending to
23	induce such policyholder to lapse, forfeit, or surrender the
24	policyholder's insurance.
25	(2) Making, publishing, disseminating, circulating, or placing
26	before the public, or causing, directly or indirectly, to be made,
27	published, disseminated, circulated, or placed before the public,
28	in a newspaper, magazine, or other publication, or in the form of
29	a notice, circular, pamphlet, letter, or poster, or over any radio or
30	television station, or in any other way, an advertisement,
31	announcement, or statement containing any assertion,

representation, or statement with respect to any person in the conduct of the person's insurance business, which is untrue, deceptive, or misleading.

2.4

- (3) Making, publishing, disseminating, or circulating, directly or indirectly, or aiding, abetting, or encouraging the making, publishing, disseminating, or circulating of any oral or written statement or any pamphlet, circular, article, or literature which is false, or maliciously critical of or derogatory to the financial condition of an insurer, and which is calculated to injure any person engaged in the business of insurance.
- (4) Entering into any agreement to commit, or individually or by a concerted action committing any act of boycott, coercion, or intimidation resulting or tending to result in unreasonable restraint of, or a monopoly in, the business of insurance.
- (5) Filing with any supervisory or other public official, or making, publishing, disseminating, circulating, or delivering to any person, or placing before the public, or causing directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public, any false statement of financial condition of an insurer with intent to deceive. Making any false entry in any book, report, or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to which such insurer is required by law to report, or which has authority by law to examine into its condition or into any of its affairs, or, with like intent, willfully omitting to make a true entry of any material fact pertaining to the business of such insurer in any book, report, or statement of such insurer.
- (6) Issuing or delivering or permitting agents, officers, or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common law corporation, or securities or any special or advisory board contracts or other contracts of any kind promising returns and profits as an inducement to insurance.
- (7) Making or permitting any of the following:
 - (A) Unfair discrimination between individuals of the same class and equal expectation of life in the rates or assessments charged for any contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract; however, in determining the class, consideration may be given to the nature of the risk, plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.
 - (B) Unfair discrimination between individuals of the same class involving essentially the same hazards in the amount of premium, policy fees, assessments, or rates charged or made

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for any policy or contract of accident or health insurance or in the benefits payable thereunder, or in any of the terms or conditions of such contract, or in any other manner whatever; however, in determining the class, consideration may be given to the nature of the risk, the plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

- (C) Excessive or inadequate charges for premiums, policy fees, assessments, or rates, or making or permitting any unfair discrimination between persons of the same class involving essentially the same hazards, in the amount of premiums, policy fees, assessments, or rates charged or made for:
 - (i) policies or contracts of reinsurance or joint reinsurance, or abstract and title insurance;
 - (ii) policies or contracts of insurance against loss or damage to aircraft, or against liability arising out of the ownership, maintenance, or use of any aircraft, or of vessels or craft, their cargoes, marine builders' risks, marine protection and indemnity, or other risks commonly insured under marine, as distinguished from inland marine, insurance; or
 - (iii) policies or contracts of any other kind or kinds of insurance whatsoever.

However, nothing contained in clause (C) shall be construed to apply to any of the kinds of insurance referred to in clauses (A) and (B) nor to reinsurance in relation to such kinds of insurance. Nothing in clause (A), (B), or (C) shall be construed as making or permitting any excessive, inadequate, or unfairly discriminatory charge or rate or any charge or rate determined by the department or commissioner to meet the requirements of any other insurance rate regulatory law of this state.

(8) Except as otherwise expressly provided by law, knowingly permitting or offering to make or making any contract or policy of insurance of any kind or kinds whatsoever, including but not in limitation, life annuities, or agreement as to such contract or policy other than as plainly expressed in such contract or policy issued thereon, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to such insurance, or annuity, any rebate of premiums payable on the contract, or any special favor or advantage in the dividends, savings, or other benefits thereon, or any valuable consideration or inducement whatever not specified in the contract or policy; or giving, or selling, or purchasing or offering to give, sell, or purchase as inducement to such insurance or annuity or in connection therewith, any stocks, bonds, or other securities of any insurance company or other corporation, association, limited liability company, or partnership, or any dividends, savings, or profits accrued thereon, or anything of value whatsoever not

2.4

specified in the contract. Nothing in this subdivision and subdivision (7) shall be construed as including within the definition of discrimination or rebates any of the following practices:

- (A) Paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance, so long as any such bonuses or abatement of premiums are fair and equitable to policyholders and for the best interests of the company and its policyholders.
- (B) In the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount which fairly represents the saving in collection expense.
- (C) Readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first year or of any subsequent year of insurance thereunder, which may be made retroactive only for such policy year.
- (D) Paying by an insurer or insurance producer thereof duly licensed as such under the laws of this state of money, commission, or brokerage, or giving or allowing by an insurer or such licensed insurance producer thereof anything of value, for or on account of the solicitation or negotiation of policies or other contracts of any kind or kinds, to a broker, an insurance producer, or a solicitor duly licensed under the laws of this state, but such broker, insurance producer, or solicitor receiving such consideration shall not pay, give, or allow credit for such consideration as received in whole or in part, directly or indirectly, to the insured by way of rebate.
- (9) Requiring, as a condition precedent to loaning money upon the security of a mortgage upon real property, that the owner of the property to whom the money is to be loaned negotiate any policy of insurance covering such real property through a particular insurance producer or broker or brokers. However, this subdivision shall not prevent the exercise by any lender of the lender's right to approve or disapprove of the insurance company selected by the borrower to underwrite the insurance.
- (10) Entering into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of commerce in the business of insurance.
- (11) Monopolizing or attempting to monopolize or combining or conspiring with any other person or persons to monopolize any part of commerce in the business of insurance. However, participation as a member, director, or officer in the activities of any nonprofit organization of insurance producers or other workers in the insurance business shall not be interpreted, in

2.7

itself, to constitute a combination in restraint of trade or as combining to create a monopoly as provided in this subdivision and subdivision (10). The enumeration in this chapter of specific unfair methods of competition and unfair or deceptive acts and practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the commissioner or department or of any court of review under section 8 of this chapter.

- (12) Requiring as a condition precedent to the sale of real or personal property under any contract of sale, conditional sales contract, or other similar instrument or upon the security of a chattel mortgage, that the buyer of such property negotiate any policy of insurance covering such property through a particular insurance company, insurance producer, or broker or brokers. However, this subdivision shall not prevent the exercise by any seller of such property or the one making a loan thereon of the right to approve or disapprove of the insurance company selected by the buyer to underwrite the insurance.
- (13) Issuing, offering, or participating in a plan to issue or offer, any policy or certificate of insurance of any kind or character as an inducement to the purchase of any property, real, personal, or mixed, or services of any kind, where a charge to the insured is not made for and on account of such policy or certificate of insurance. However, this subdivision shall not apply to any of the following:
 - (A) Insurance issued to credit unions or members of credit unions in connection with the purchase of shares in such credit unions.
 - (B) Insurance employed as a means of guaranteeing the performance of goods and designed to benefit the purchasers or users of such goods.
 - (C) Title insurance.
 - (D) Insurance written in connection with an indebtedness and intended as a means of repaying such indebtedness in the event of the death or disability of the insured.
 - (E) Insurance provided by or through motorists service clubs or associations.
 - (F) Insurance that is provided to the purchaser or holder of an air transportation ticket and that:
 - (i) insures against death or nonfatal injury that occurs during the flight to which the ticket relates;
 - (ii) insures against personal injury or property damage that occurs during travel to or from the airport in a common carrier immediately before or after the flight;
 - (iii) insures against baggage loss during the flight to which the ticket relates; or
- (iv) insures against a flight cancellation to which the ticket

1	relates.
2	(14) Refusing, because of the for-profit status of a hospital or
3	medical facility, to make payments otherwise required to be made
4	under a contract or policy of insurance for charges incurred by an
5	insured in such a for-profit hospital or other for-profit medical
6	facility licensed by the state department of health.
7	(15) Refusing to insure an individual, refusing to continue to issue
8	insurance to an individual, limiting the amount, extent, or kind of
9	coverage available to an individual, or charging an individual a
.0	different rate for the same coverage, solely because of that
.1	individual's blindness or partial blindness, except where the
2	refusal, limitation, or rate differential is based on sound actuarial
3	principles or is related to actual or reasonably anticipated
4	experience.
.5	(16) Committing or performing, with such frequency as to
6	indicate a general practice, unfair claim settlement practices (as
7	defined in section 4.5 of this chapter).
8	(17) Between policy renewal dates, unilaterally canceling an
9	individual's coverage under an individual or group health
20	insurance policy solely because of the individual's medical or
21	physical condition.
22	(18) Using a policy form or rider that would permit a cancellation
23	of coverage as described in subdivision (17).
24	(19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1
25	concerning motor vehicle insurance rates.
26	(20) Violating IC 27-8-21-2 concerning advertisements referring
27	to interest rate guarantees.
28	(21) Violating IC 27-8-24.3 concerning insurance and health plan
29	coverage for victims of abuse.
0	(22) Violating IC 27-8-26 concerning genetic screening or testing.
31	(23) Violating IC 27-1-15.6-3(b) concerning licensure of
32	insurance producers.
33	(24) Violating IC 27-1-38 concerning depository institutions.
34	(25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning
35	the resolution of an appealed grievance decision.
6	(26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) or IC
37	27-8-5-19.2.
8	(27) Violating IC 27-2-21 concerning use of credit information.
9	(28) Violating IC 27-4-9-3 concerning recommendations to senior
10	consumers.
1	(29) Violating IC 27-8-11-3(g) concerning accident and
12	sickness insurance reimbursement agreements.".
13	Page 44, between lines 7 and 8, begin a new paragraph and insert:
4	"SECTION 25. IC 27-8-11-3 IS AMENDED TO READ AS
15	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 3. (a) An insurer may:
16	(1) enter into agreements with providers relating to terms and
17	conditions of reimbursement for health care services that may be

2.4

rendered to insureds of the insurer, including agreements relating to the amounts to be charged the insured for services rendered or the terms and conditions for activities intended to reduce inappropriate care;

- (2) issue or administer policies in this state that include incentives for the insured to utilize the services of a provider that has entered into an agreement with the insurer under subdivision (1); and
- (3) issue or administer policies in this state that provide for reimbursement for expenses of health care services only if the services have been rendered by a provider that has entered into an agreement with the insurer under subdivision (1).
- (b) Before entering into any agreement under subsection (a)(1), an insurer shall establish terms and conditions that must be met by providers wishing to enter into an agreement with the insurer under subsection (a)(1). These terms and conditions may not discriminate unreasonably against or among providers. For the purposes of this subsection, neither differences in prices among hospitals or other institutional providers produced by a process of individual negotiation nor price differences among other providers in different geographical areas or different specialties constitutes unreasonable discrimination. Upon request by a provider seeking to enter into an agreement with an insurer under subsection (a)(1), the insurer shall make available to the provider a written statement of the terms and conditions that must be met by providers wishing to enter into an agreement with the insurer under subsection (a)(1).
- (c) No hospital, physician, pharmacist, or other provider designated in IC 27-8-6-1 willing to meet the terms and conditions of agreements described in this section may be denied the right to enter into an agreement under subsection (a)(1). When an insurer denies a provider the right to enter into an agreement with the insurer under subsection (a)(1) on the grounds that the provider does not satisfy the terms and conditions established by the insurer for providers entering into agreements with the insurer, the insurer shall provide the provider with a written notice that:
 - (1) explains the basis of the insurer's denial; and
 - (2) states the specific terms and conditions that the provider, in the opinion of the insurer, does not satisfy.
- (d) In no event may an insurer deny or limit reimbursement to an insured under this chapter on the grounds that the insured was not referred to the provider by a person acting on behalf of or under an agreement with the insurer.
 - (e) No cause of action shall arise against any person or insurer for:
 - (1) disclosing information as required by this section; or
 - (2) the subsequent use of the information by unauthorized individuals.

Nor shall such a cause of action arise against any person or provider for furnishing personal or privileged information to an insurer. However,

1	this subsection provides no immunity for disclosing or furnishing false
2	information with malice or willful intent to injure any person, provider,
3	or insurer.
4	(f) Nothing in this chapter abrogates the privileges and immunities
5	established in IC 34-30-15 (or IC 34-4-12.6 before its repeal).
6	(g) An agreement described in this section may not include
7	terms or conditions that deny a provider the right to:
8	(1) after all administrative appeals and remedies have been
9	exhausted, enter into a class action suit; or
10	(2) engage attorneys or other professional consultants while
11	negotiating an agreement under this section.
12	A violation of this subsection is an unfair method of competition
13	and an unfair and deceptive act or practice under IC 27-4-1-4.".
14	Renumber all SECTIONS consecutively.
	(Reference is to EHB 1452 as printed March 27, 2007.)

Senator MILLER